



CEMETERY AND FUNERAL BUREAU
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 574-7870 Fax (916) 574-8620



Certificate of Authority – Cemetery 2006 1st Quarter Report

For Bureau Use Only

License Number

Receipt Number

Date Processed

Due on or before: April 28, 2006

Cemetery Name: _____

License No.: COA_____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
CR_____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from January 1, 2006 through March 31, 2006.
Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$_____

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____



CEMETERY AND FUNERAL BUREAU
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 574-7870 Fax (916) 574-8620



Certificate of Authority – Cemetery 2006 2nd Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: July 31, 2006

Cemetery Name: _____

License No.: COA _____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
CR _____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from April 1, 2006 through June 30, 2006. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	Do not include cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	Do not include cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	Do not include cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	Include only cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$ _____

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____



CEMETERY AND FUNERAL BUREAU
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 574-7870 Fax (916) 574-8620



Certificate of Authority – Cemetery 2006 3rd Quarter Report

For Bureau Use Only

License Number

Receipt Number

Date Processed

Due on or before: October 31, 2006

Cemetery Name: _____

License No.: COA_____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
CR_____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from July 1, 2006 through September 30, 2006. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$_____

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____



CEMETERY AND FUNERAL BUREAU
P. O. Box 989003
WEST SACRAMENTO, CA 95798-9003
(916) 574-7870 Fax (916) 574-8620



Certificate of Authority – Cemetery 2006 4th Quarter Report

<i>For Bureau Use Only</i>
License Number
Receipt Number
Date Processed

Due on or before: January 31, 2007

Cemetery Name: _____

License No.: COA _____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
CR _____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from October 1, 2006 through December 31, 2006. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$ _____

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____